

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/446634	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51		
2	1					52		
3	2					53		
4	2					54		
5	1					55		
6	1					56		
7	1					57		
8	1					58		
9	1					59		
10	1					60		
11	1					61		
12	1					62		
13	1					63		
14	1					64		
15	1					65		
16	1					66		
17	1					67		
18	1					68		
19	1					69		
20	1					70		
21	15					71		
22	15					72		
23	15					73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	1					TOTAL IND.		
TOTAL DEP.	66	↓	↓	↓	↓	TOTAL DEP.	↓	
TOTAL CLAIMS	67					TOTAL CLAIMS		